



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E301748**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00187
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION							
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #			
DATE OF COLLISION	01 - 21 - 2014	1800	31		N S E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
4TH ST NE	BLOCK NO.	9500
	MILE POST	

DISTANCE	300	00	MILES	N E S W	OF (REFERENCE OR CROSS STREET)	97TH DR. NE
			FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252491955
---------	---------------------------------------------------	--------------------------------------	------------------------------------------------------------------------------------------	---------------------

LAST NAME	PERRY	FIRST NAME	MARECEL	MIDDLE INITIAL	F
-----------	-------	------------	---------	----------------	---

STREET NEW ADDRESS	108 97TH AVE SE UNIT A
--------------------	------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982587914
------	--------------	----	----	-----	-----------

CDL	RESTRICTIONS	B	ENDORSEMENTS	
-----	--------------	---	--------------	--

DRIVER'S LICENSE #	PERRYMF111CB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	02	02	1989
--------------------	--------------	-------	----	-----	---	-----------------	----	----	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	AOF7055	STATE	WA	VIN#	4S3BL628487201133
-----------------	---------	-------	----	------	-------------------

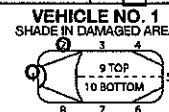
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	SUBA	MODEL	LEG4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	-----------------------------------------------------------------------------------	----------	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO. ADAM PERRY 108 97TH AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4318-66-53-55
-------------------------------------------------------------------	-------------------------	---------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
----------------------------------------------------------------------------------------------	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4256223118
---------	---------------------------------------------------	--------------------------------------	-------------------------------------	-----------------------------------------	------------------------------------------------------------------------------------------	---------------------

LAST NAME	ELLEDGE	FIRST NAME	ASHLEY	MIDDLE INITIAL	R
-----------	---------	------------	--------	----------------	---

STREET NEW ADDRESS	9806 6TH PL SE
--------------------	----------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	ELLEDAR143N3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	23	1986
--------------------	--------------	-------	----	-----	---	-----------------	----	----	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ACD0702	STATE	WA	VIN#	1J4GZ58Y1SC526340
-----------------	---------	-------	----	------	-------------------

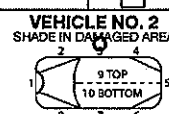
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1995	MAKE	JEEP	MODEL	JPCH	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	--	-----------------------------------------------------------------------------------	----------	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO. ASHLEY ELLEDGE 14421 51ST AVE NE MARYSVILLE WA 98271

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 900947776
-------------------------------------------------------------------	-------------------------	-----------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
----------------------------------------------------------------------------------------------	------------	--------



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
------------------------	------------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E301748**

CASE # **14-00187**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was exiting the Frontier Village shopping center via south exit / entrance on to 4th St NE. Unit 2 was traveling westbound on 4 th St NE. Unit 1 tried to enter onto 4th St NE but her view was blocked by a car entering the complex. Unit 1 entered onto 4th St striking Unit 2 at the rear passenger side door. There were reported injuries and both vehicles were driven away.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-21-14 05:03 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

1/22/2014 9:03:25 AM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

4:00 PM

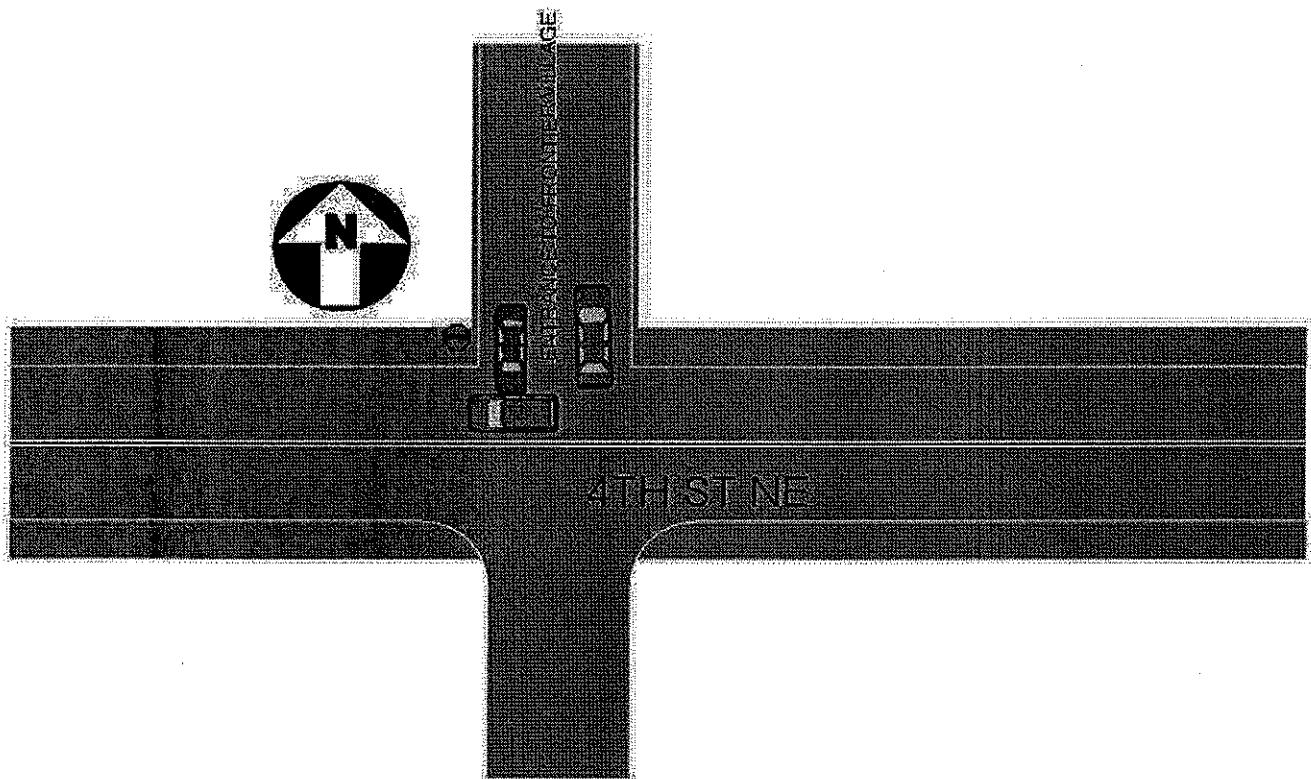
TIME POLICE ARRIVED

4:04 PM

REPORT NO E301748

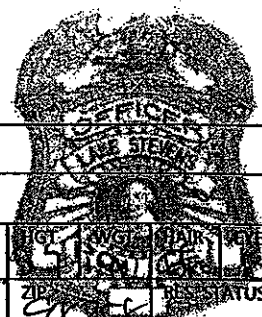
CASE # 14-00187

DATE AND TIME
OF COLLISION 01/21/14 16:00



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00187

VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE) Ellidge	RACE W	ETH	SEX F	DOB 8/23/1987	AGE 27	HEIGHT 5'10"	WEIGHT 150	HAIR BLK	EYES BLU
STREET ADDRESS 9806 Wn PL SE		CITY Lake Stevens			STATE WA		ZIP 98255		STATUS	
HOME PHONE 425-622-3118		CELL PHONE 425-622-3118		PLACE OF EMPLOYMENT Warm Beach Health Care Center						
WORK PHONE 360-652-2613		EMAIL ADDRESS ashleyellidge@frontier.com								

I, Ashley Ellidge, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The other driver pulled out of the parking lot as I was driving past + hit my car on the middle of the passenger's side, my car spun around in a circle. We then pulled over + called 911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Amy Allen</i>	DATE SIGNED 1-21-14	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: <i>C. Chubb #75</i>	DATE SIGNED 1/21/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00187

VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE) Perry, Maricel Franz	RACE Wht/As	ETH	SEX F	DOB 02/02/89	AGE 24	HT 5'9"	WGHT 150	HAIR Blk	EYES Brn
STREET ADDRESS 108 97th Ave SE Unit A		CITY Lake Stevens		STATE WA		ZIP 98258		RES STATUS		
HOME PHONE		CELL PHONE 425-249-1955		PLACE OF EMPLOYMENT U.S. Bank						
WORK PHONE 425-334-2255		EMAIL ADDRESS maricelf.perry@gmail.com								

I, Maricel Perry, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was turning left onto 4th St (coming out of 94th Dr NE) and clipped the Jeep going West on 4th (didn't see her behind the mini van turning into the lot I was coming out of) She had no damage, my right bumper was damaged.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 01-21-14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: 	DATE SIGNED 1/21/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14001459 Xref: #S014011404

Case Numbers: \$SS14000187

Entered 01/21/14 16:00:30 BY SPDP16 SP0339

Dispatched 01/21/14 16:00:50 BY SPDP17 SP0274

Enroute 01/21/14 16:00:50

Onscene 01/21/14 16:04:33

Closed 01/21/14 16:45:42

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 9400 4 ST NE , LKS btwn SR 9 NE & 99 AV NE (V)

Loc Info:

Name: ELLEDGE, ASHLEY,

Addr:

Phone: 4256223118

/1600 (SP0339) ENTRY , CC, NOW, 2 VEH ACC NON INJ NON BLKING, DRK GRN JEE
P VS DRK GRY SUV, VEHS PUL LED INTO TRAN CENTER
PKLOT
/1600 \$CROSS #S014011404
/1600 DUP #S014011404
/1600 DUP NAM: ELLEDGE, ASHLEY
PHO: 4256223118
/1600 (SP0274) DISPER 19D1 #SS75 CHRISTENSEN, OFCR (CHAD)
/1604 (SS75) *ONSCNE 19D1
/1604 REMINQ 19D1 MDTVEH, AOF7055, , WA, , , , , , , , , ,
/1605 REMINQ 19D1 MDTVEH, ACD0702, , WA, , , , , , , , , ,
/1609 (SP0274) ASNCAS 19D1 \$SS14000187
/1645 (SS75) *CLEAR 19D1 D/H
/1645 CLOSE 19D1